



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PARTI LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Kaku	Beverly	J.	808/548-2945	
MAILING ADDRESS (Street)			FAX	
P. O. Box 898900,	100 Kahelu Avenue, 2nd Flo	oor	808/548-2975	
(City)	(State)	(Zip	Code)	
Mililani	ні	9	96789	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE		
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE		
Castle & Cooke Hom	808/548-4811			
MAILING ADDRESS (Street)	FAX			
P. O. Box 898900, 100 Kahelu Avenue, 2nd Floor		808/548-2975		
(City)	(State)	(Zip Code)		
Mililani	HI	96789		
NAME OF PERSON RESPONSE	IBLE FOR PREPARING ORGANIZATION'S EXPENDITURE	S STATEMENT TELEPHONE		
Harry A. Saunders,	808/548-4811			
MAILING ADDRESS (Street)		FAX		
P. O. Box 898900,	100 Kahelu Avenue, 2nd Floor	548-2975		
(City)	(State)	(Zip Code)		
Mililani	ні	96789		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Education	Human Services	Science, Technology & Economic Development			
Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation			
Hawaiian Affairs	Labor & Employment	Transportation			
Health	Planning, Land & Water Use Management	Other: (indicate below)			
Housing	Public Safety & Corrections				
	Education Government Operations & Finance Hawaiian Affairs Health	Education Human Services Government Operations & Intergovernmental Relations, International Affairs Hawaiian Affairs Labor & Employment Health Planning, Land & Water Use Management			

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I hereby certify that the	information furnished above is, to	o the best of my knowledge, correct and complete.	
Sleve	Les Paku	1/22/07	
	(Signature of Lobbyist)	(Date)	
PART V AUTHORIZATION	ON TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
:			
HARRY A. SAUNDE	RS		
NAME OF ORGANIZATION (if ap	oplicable)	TELEPHONE	
Castle & Cooke Homes Hawaii, Inc.		808/548-4811	
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MAILING ADDRESS (Street)		FAX	
D 0 D 000000 100	Valata Arranua 2nd Eloor		
P. U. BOX 898900, 100	Kahelu Avenue, 2nd Floor		
(City)	(State)	(Zip Code)	
Mililani	HI	96789	
I hereby authorize the	above - named person to engage	in lobbying activities on behalf of the undersigned.	
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		JAM 2 6 2007	
(Signature of A	uthorizing Officer or Person Represented		
(Olginatore of A	autorizing officer or refreshing	7	

PART IV

CERTIFICATION OF LOBBYIST